

Massachusetts State Police



Job Shadowing Packet

Information, Application and Forms

Revised May 2016

The Massachusetts State Police (MSP) Job Shadowing Program provides eligible high school students two opportunities to job shadow in a specific work area of interest at MSP. The primary purpose of this program is to expose the student to potential career paths by giving them a chance to observe and ask questions to our professionals in the field of Public Safety.

Important pieces of information:

- Job Shadowing is available to high school juniors or seniors
- Students must obtain written permission from a parent or guardian
- Students must complete a Job Shadowing Packet before attending
- Appropriate dress is required.
 - o For safety reasons, the following clothing items are not allowed:
 - Flip-flops
 - Tank-tops
 - Hats or Hoods
 - Dark Colored Glasses
- No photographs may be taken of the job shadow site or MSP employees
- No cell phones allowed during job shadowing
- Review the application deadlines for each semester before sending your application packet
- Students must be willing to sign waivers and agreement forms that will protect the rights and responsibilities of both the student and the Department of State Police in the student/agency relationship
- Students must be able to provide their own transportation
- Students will be asked to complete a Job Shadowing Evaluation Form at the end of their visit

There are two job shadowing opportunities to choose from.

Annual Ground Hog Day Job Shadowing -

This is a one-day event that can last from 2 to 6 hours during the school day depending on the area of the agency you are interested in shadowing.

This form of job shadowing is an opportunity to show you a first-hand view, through observation, what a specific job may be like in the area of your interest. You will be offered observation opportunity, information and time to ask questions.

Job Shadowing Series –

This is a series of job shadowing that can run up to six-weeks for a total of 12 to 24 hours in the series. Each shift of job shadowing would run from 2 to 4 hours, after school, during the workweek.

This form of job shadowing is an opportunity for you to gain more than a one day event of watching, listening and learning. This series of job shadowing will give you more time, greater detail and the ability to actually experience what the professionals experience day-after-day, week-after-week in the area of work you are interested in.

This is a great option if you need to write a paper regarding your experience.

Generally what to expect during your Job Shadowing:

- There may be more than one student attending the same job shadowing experience
- Students will observe actually work performed by our professionals
- Students will be introduced to the skills required for success in their chosen area of interest
- Students will gain educational background information from the professionals they will be shadowing
- Students will gain up-close exposure that may assist the student in making career decisions later in their education

Process:

- Complete the MSP Job Shadowing Application and Forms Packet
 - o Obtain all of the necessary signatures
- Send the completed Job Shadowing Packet to:

Job Shadowing Program
Human Resources
Massachusetts State Police
470 Worcester Road
Framingham, MA 01702
- You will receive a confirmation via email that your application packet has been received
- Once we have completed receipt of all of the semester's applications, you will receive a second email providing specific information:
 - Date and Times of Job Shadowing
 - Place of Job Shadowing
 - MSP Contact Name
- You must confirm your participation via reply back to this specific informational email
- No student will be allowed into a Job Shadow event without having an application packet on file and a confirmation email securing their job shadow spot



Massachusetts State Police Job Shadowing Application

PLEASE PRINT CLEARLY

All areas of this application must be completed. If an area of the application does not apply to your specific submission, please enter N/A.

Date: _____ Cell #: _____

Name: _____

Address: _____

Email Address: _____ @ _____

Age: _____ Date of Birth: _____

Parent's Name: _____

Address: _____

Phone/Cell #: _____

High School: _____

Address: _____

Phone #: _____

Current Academic Year: _____ (senior, junior, etc.)

Graduation Month & Year: _____

School Contact: _____

Please list any family member that has ever been or is currently employed with the
Massachusetts State Police:

Name

Relationship

Dates

Massachusetts State Police referral:

☐ Yes

☐ No

Name: _____

Phone Number: _____

Section/Unit: _____

Please choose the type of Job Shadowing you are applying for:

☐ Annual Ground Hog Day – one day event

Deadline to apply is December 31st

☐ Job Shadowing Series – up to six weeks event

For Job Shadowing Series -

Please choose the season you are interested in attending:

☐ Winter

Deadline to apply is November 30th

☐ Spring

Deadline to apply is February 28th

☐ Summer

Deadline to apply is May 31st

☐ Fall

Deadline to apply is August 31st

Please choose the track you are interested in job shadowing.

Job Shadowing Track:

☐ Scientific Track

☐ Law Enforcement Track

☐ Training Track

☐ Public Administration/Legal Track

☐ Communications Track

Specific areas of interest:

EMERGENCY CONTACT AND MEDICAL INFORMATION

Student Name: _____

Student Phone #: _____

Emergency Contact Name: _____

Relationship to Student Intern: _____

Telephone #: _____

Address: _____

Allergies: _____

Treatment for Allergies: _____

Medical Concerns: _____

Treatment for Medical Concerns: _____

Other: _____

Please use this space to provide any other information you would like us to know:

Parent and Student must read and sign:

My son/daughter, _____ has my permission to participate in the job shadowing experience at the Massachusetts State Police. His/her Job Shadowing experience will take place during the _____
(Fall, Spring, or Summer) semester.

I understand I will need to sign a liability release form and a confidentiality agreement form for my child to participate in this program.

I also understand it is my mine and my son/daughter’s responsibility to secure time away from school and to also obtain transportation to and from the job shadowing site.

Student Signature

Date

Parent Signature

Date

Job Shadowing Forms

All forms must be signed by the parent and student. By signing these forms, the parent and student are stating they have read and understand each form signed.



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WAIVER OF AGENCY LIABILITY

In consideration of the privilege of being permitted to attend a job shadowing experience at the Massachusetts Department of State Police, I _____, parent of student _____ hereby release and forever discharge the said Commonwealth of Massachusetts, the Massachusetts Department of State Police, and its employees, from all debts, demands, actions, causes of action, suits, dues, sum and sums of money, accounts, bonds, controversies, damages, and liabilities and any and all other claims of every kind, nature and description whatsoever, both in law and equity, which may arise during the course of an internship assignment, against the said Commonwealth of Massachusetts, Massachusetts Department of State Police.

I, _____ have read the foregoing release and fully understand it. In witness whereof the undersigned had duly executed this release this _____ day of _____, 20_____.

PARENT

STUDENT

Signature

Signature

Date

Date



Massachusetts State Police

JOB SHADOWING STUDENT CONFIDENTIALITY AGREEMENT

Agreement made this _____ day of _____, 20____ by and between the Commonwealth of Massachusetts, the Department of State Police ("Department"), and _____, job shadow student.

WHEREAS, the Department desires to ensure that all confidential information and other non-public information will remain confidential and non-public, and after the period of employment at the Department.

NOW THEREFORE, as a condition of employment with the Department it is agreed as follows:

I. NONDISCLOSURE

As a job shadowing student with the Department, I understand the importance of treating certain types of information as confidential. I agree not to disclose any confidential information, non-public information, sensitive information, potentially embarrassing or discrediting information, or confidential know-how concerning the business, affairs, or operations of the Department which I may acquire during the course of my relationship with the Department.

As a job shadowing student I shall not, either during my relationship with the Department or thereafter, except as authorized in writing by the Department, disclose to others or use in any way any confidential information, non-public information, sensitive or potentially embarrassing or discrediting information, or confidential information relating to the business, activities, or operations, investigations of the Department, its users consultants, or partners, including but not limited to, confidential information pertaining to particular victims, suspects or witnesses, laboratory techniques, technology or processes, methodology, procedures, laboratory results, information pertaining to Department personnel, know-how and analyses.

For the purposes of the Agreement, the term "know-how" shall mean the Department's present and future specialized, and novel and unique techniques, inventions, practices, knowledge, skill, formulations, experience, and other proprietary information relating to the Department.

II. GENERAL

This Agreement will transfer to the benefit of and be binding upon the successors and assigns of the Department, including but not limited to, affiliates, divisions, or subsidiaries of the Department.

I expressly recognize that any breach of this Agreement will result in irreparable injury to the Department, and I agree that the Department shall in the event of such a breach be entitled to seek injunctive relief, specific performance and other relief in addition to and not in limitation of its rights and damages.

This Agreement will be governed by and construed in accordance with the laws of The Commonwealth of Massachusetts. In case any one or more of the provisions contained in this Agreement are reason held to be excessively broad with regard to time, duration, geographic scope, or activity, such provision will be construed in a manner to enable it to be enforced to the maximum extent compatible with applicable law.

Executed under seal on the date first above written.

Parent of Student

Student

Signature

Signature

Print Name

Print Name

Date

Date

Job Shadowing Evaluation Form

All forms must be completed and returned to HR at the end of the job shadowing experience

To be completed by the Student before their job shadowing experience:

Student's Name: _____ Semester: _____

Job Shadow Date(s): ☐ Ground Hog Day - ☐ Series: From: _____ To: _____

To be completed by the student after their job shadowing experience

1. My job shadowing experience helped me to think about my career options:

(NO) 1 2 3 4 (YES)

2. I learned what the general expectations are if I choose to pursue a career in my interest:

(NO) 1 2 3 4 (YES)

3. I enjoyed my job shadowing experience:

(NO) 1 2 3 4 (YES)

4. I would recommend this job shadowing experience to other students:

(NO) 1 2 3 4 (YES)

5. The job shadowing mentor helped me to understand what my career path may be like:

(NO) 1 2 3 4 (YES)

Comments: _____

To be completed by the student's job shadowing supervisor at the end of their event:

Job Shadow Location: _____

Supervisor: _____ Phone #: _____